

Statement of Contributions Received at a Social or Fundraising Event

Prescribed by Secretary of State 3/05

Name of Committee in Full Reynoldsburg Republican Club							
Full Name of Contributor Richard Hudson				Registration Number, if PAC			
Street Address 1080 Tiffany Dr.		Employer/Occupation/Labor Organization*		M	D	Y	Amount
				0	3	1	90.00
City Reynoldsburg		State O H	Zip Code 43068	Form(Cash,Check,etc) Check			
Full Name of Contributor Patricia Bayse				Registration Number, if PAC			
Street Address 7471 Smithfield Ave.		Employer/Occupation/Labor Organization*		M	D	Y	Amount
				0	3	1	90.00
City Reynoldsburg		State O H	Zip Code 43068	Form(Cash,Check,etc) Check			
Full Name of Contributor Mary Lou Fritz				Registration Number, if PAC			
Street Address 100 Wickfield Rd.		Employer/Occupation/Labor Organization*		M	D	Y	Amount
				0	3	1	180.00
City Blacklick		State O H	Zip Code 43068	Form(Cash,Check,etc) Check			
Full Name of Contributor Donna Glenn				Registration Number, if PAC			
Street Address 6099 Headley Rd.		Employer/Occupation/Labor Organization*		M	D	Y	Amount
				0	3	1	45.00
City Gahanna		State O H	Zip Code 43068	Form(Cash,Check,etc) Check			
Full Name of Contributor Bambi Wright				Registration Number, if PAC			
Street Address 11309 Midland Oil Rd.		Employer/Occupation/Labor Organization*		M	D	Y	Amount
				0	3	1	90.00
City Glenford		State O H	Zip Code 43739	Form(Cash,Check,etc) Check			
Full Name of Contributor Michelle Slonaker				Registration Number, if PAC			
Street Address 565 Bellow Park Ct.		Employer/Occupation/Labor Organization*		M	D	Y	Amount
				0	3	2	90.00
City Reynoldsburg		State O H	Zip Code 43068	Form(Cash,Check,etc) Check			
Full Name of Contributor Penny Bayse				Registration Number, if PAC			
Street Address 8785 Linick Dr.		Employer/Occupation/Labor Organization*		M	D	Y	Amount
				0	3	2	90.00
City Reynoldsburg		State O H	Zip Code 43068	Form(Cash,Check,etc) Check			

* Required for contributions from individuals over \$100 to statewide and general assembly candidates. If contributor is self-employed, the occupation and the name of the individual's business, if any, rather than employer should be listed. If two or more employees contribute via payroll deduction and exceed the aggregate of \$100, the labor organization of which the employees are members, if any, must appear. [R.C. 3517.10(B)(4)]

Fill in the boxes below only on the last page for this event.

Transfer the Total contributions for this event to form No. 31-A. Under Full Name of Contributor state "Contributions from form No. 31-E" and list the date of the event in the date column.

Total contributions this event

Total expenditures this event

Page Total \$ 675.00